WASHINGTON COMMUNITY SCHOLARSHIP <u>WASHINGTON MAINE</u> DATE:_____

FULL NAME:			
(middle)	(last)	(first)	
LEGAL RESIDENCE:			
MAILING ADDRESS:			
DATE AND PLA BIRTH:			
<u>HOUSEHOLD</u>	INFORMA [*]	<u>TION</u>	
PARENTS/GUAI	RDIANS NAM	MES AND OCCUPATIONS	ŧ
LIST ALL BROT Name	HERS OR SI	ISTERS LIVING AT HOME <u>Age</u>	<u>Grade</u>

COLLEGE INFORMATION

NAMES OF YOUR COLLEGE CHOICES:				
PLANNED COURSE OF S	STUDY			
ANTICIPATED EXPENSE	:S			
TOTAL FINANCIAL RESC	DURCES			
INTERESTS/ACTIVIT	TIES/COMMUNITY SE	RVICES		
Sports or Activity	Dates of Participation	Hours Weekly		
Jobs you have held	Dates of Participation	<u>Hours Weekly</u>		
Community Service Com Weekly	pleted <u>Dates</u>	<u>Hours</u>		
	or at the Tayur at Markington who			

Awards will be given to candidates of the Town of Washington who, with their parents or legal guardians are residents of the Town of Washington.

REFERENCES

Please attach two school reference letters including address and telephone numbers.

Please attach one reference letter from a community member (not a relative) including address and phone number.

ESSAY

Attach and Essay stating clearly: the school you wish to enter, the type of training you wish to pursue and any financial hardships. What you have done towards financing your education?

PLEASE MAIL COMPLETED <u>APPLICATION</u>, THREE <u>REFERENCES</u>, <u>TRANSCRIPTS</u> AND <u>ESSAY</u> TO: WASHINGTON COMMUNITY SCHOLARSHIP PO BOX 145
WASHINGTON MAINE 04574

Applications must be received by May 1st.

Additional applications are available at: The Washington Town Office, MVHS Guidance Office or the Guidance office of your school.